

BOARD OF REGISTERED NURSING

P.O. Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer



ONLINE ENDORSEMENT APPLICANT IDENTIFICATION FORM

You must complete and submit this form with the required supporting documents **via first class mail** to:
Board of Registered Nursing, ATTN: Licensing Program, P.O. Box 944210, Sacramento, CA 94244-2100.

Print Full Name: _____
(Last) (First) (Middle)

Social Security No: _____ **Date of Birth:** _____

Color of eyes: _____ **Height** ft: _____ **in:** _____

Name of Professional Nursing School Attended: _____

State and Country of Nursing School: _____

INDICATE ALL FEES PAID ONLINE BY CREDIT CARD:

☐ Application fee - \$50

☐ Fingerprint Cards - \$56

☐ Temporary License - \$30

HAVE YOU COMPLETED AND/OR ENCLOSED THE FOLLOWING ITEMS (check all that apply):

Have you submitted a **Verification of License** form to be completed by other State Board of Nursing, OR ☐ YES ☐ NO

Verification of license via **NURSYS**? ☐ YES ☐ NO

Are the two (2) completed Fingerprint cards enclosed, OR ☐ YES ☐ NO

A copy of the **Request for Live Scan Service** form enclosed? ☐ YES ☐ NO

Has the **Request for Transcript** form been mailed to your nursing program? ☐ YES ☐ NO

Have you attached a recent 2" x 2" **passport type photograph**? ☐ YES ☐ NO

If applicable, is supplemental information regarding reporting prior convictions or discipline against licenses enclosed? ☐ YES ☐ NO

I certify under penalty of perjury under the laws of the State of California, that all information provided in connection with this online application for licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

Signature of Applicant: _____

Date: _____

Tape Your 2" x 2"

Passport Type

Photograph Here